HEART DISEASE: Communicating with patients

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ordering more tests, the cost of which we do not know, either.

Medical students rarely get to see the lasting impact they can have on peoples' lives. They thrive instead on the undeniable thrill of assisting in an operation on a diseased heart, helping run a cardiac resuscitation code in the emergency room or selecting a blood pressure medication for a patient from among numerous options.

The result is that while graduating medical students can recite the causes, diagnostic tests and treatment strategies for failing hearts and clogged arteries, they are largely devoid of experience in enhancing patients' ability to prevent heart disease by stopping (or never taking up) smoking, losing weight, exercising or even relaxing. Yet, even first-year medical students could have as big an impact on patients' health as their professors if they were given the chance to acquire and hone the skills of listening to and communicating with patients.

Merely providing a prescription for a well-advertised, high-priced and only modestly effective medication for smoking (or a nicotine-replacement product that a patient can already buy over-the-counter) is woefully inadequate when unaccompanied by skilled counseling, which is taught poorly, if at all, in medical school. Small wonder that fully half of patients who smoke say they have not been counseled by their doctors on how to stop.

The same neglect of smoking cessation and prevention is found in continuing medical education courses on heart disease for physicians, as evidenced by the dozens of CME brochures I have received from medical schools across the country in my three decades as a family doctor. In a recent program for a five-day CME course titled "Coronary Atherosclerosis Prevention and Education," hosted by a renowned cardiology department at a medical school in a neighboring state, none of the nearly 40 lectures and workshops was devoted to educating patients on smoking cessation and relapse prevention, or to strategies for preventing tobacco use in the community. In contrast, there were many presentations on diagnostic tests and invasive procedures, which are more technically challenging, intellectually gratifying and remunerative.

For all its public hand-wringing about the tobacco pandemic, the American Heart Association itself is missing in action on smoking in the CME courses it sponsors. And although the AHA has adopted a policy position calling for ending the sale of tobacco products in pharmacies, it continues its long-standing commercial relationship each February with the national drugstore chain Walgreens, a leading seller of cigarettes, for its American heart month fundraising promotion.

Although we should be proud of the technological and pharmaceutical advances that have prolonged the lives of heart-attack survivors, medical schools and other institutions must now devote far greater attention to reducing the development of heart disease in the first place. Considering the prediction of triple the cost of heart disease care in less than 20 years, we really have no other choice.

BUDGET: A culture of endless money

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historic standards. They say that any cuts would be irresponsible given the extent of America's commitments and the unpredictability of the threats the nation faces, not least military competition from a rising China, nuclear confrontation with Iran or the implosion of Pakistan. Somewhere in the middle of the debate sits Robert Gates, the widely respected defense secretary.

Gates, a canny operator whom President Barack Obama retained after he took over from George W. Bush, began to sniff which way the wind was likely to turn in 2008. He calculated that if he took the initiative, he might stave off deeper and more unwelcome cuts. So he curbed or canceled more than 30 weapons systems including the army's Future Combat System, the F-22 Stealth fighter, two missile defense systems and the Zumwalt-class destroyer.

Last year, he went further, proposing the closure of the Joint Forces Command in Virginia and a 10 percent reduction in the budget for contract workers for each of the next three years. He asked the armed services to find at least $100 billion worth of "efficiency savings" over the next five years, which he promised to reinvest in other programs.

In early January, Gates announced the results of these labors. He would be seeking a budget for next year of $553 billion (excluding war funding), a relatively modest increase over the current fiscal year's $549 billion. The money he had found from those efficiencies would be redirected toward unmanned aerial systems, new electronic jammers for the Navy, a penetrating bomber and some other hardware upgrades. Under pressure from the White House, he added that there would be a further $78 billion worth of cuts over the next five years, marking a shift from "a culture of endless money" to one of "savings and restraint."

To that end, Gates declared he was axing the Marines' wildly over-budget Expeditionary Fighting Vehicle, a sort of floating tank, putting the troubled jump-jet variant of the F-35 Joint Strike Fighter on probation and shrinking the Army and the Marines by up to 47,000 people after 2015 (when the transition to national forces in Afghanistan is supposed to be nearing completion). Just as controversially, he wants the insurance premiums paid by retired military personnel to be bumped up in an effort to slow rapidly rising health care costs that have gone from $19 billion a decade ago to $50 billion today and are expected to reach $65 billion in five years time.

Buck McKeon, the Republican who now leads the House Armed Services Committee, has responded with predictable fury to the Gates plan, saying it was "a dramatic shift for a nation at war and a dangerous signal from the commander in chief." Gates can take some comfort from the fact there has been at least as much "incoming" from critics who say he has not gone nearly far enough. They point out that what is being planned is not so much a cut as a small reduction on what the Pentagon had been planning to spend over the next four to five years.

The budget will still creep up in real terms until it flattens off in 2015. Given his intention to retire from office later this year, Gates may not have the stomach for attempting anything more radical on his watch.

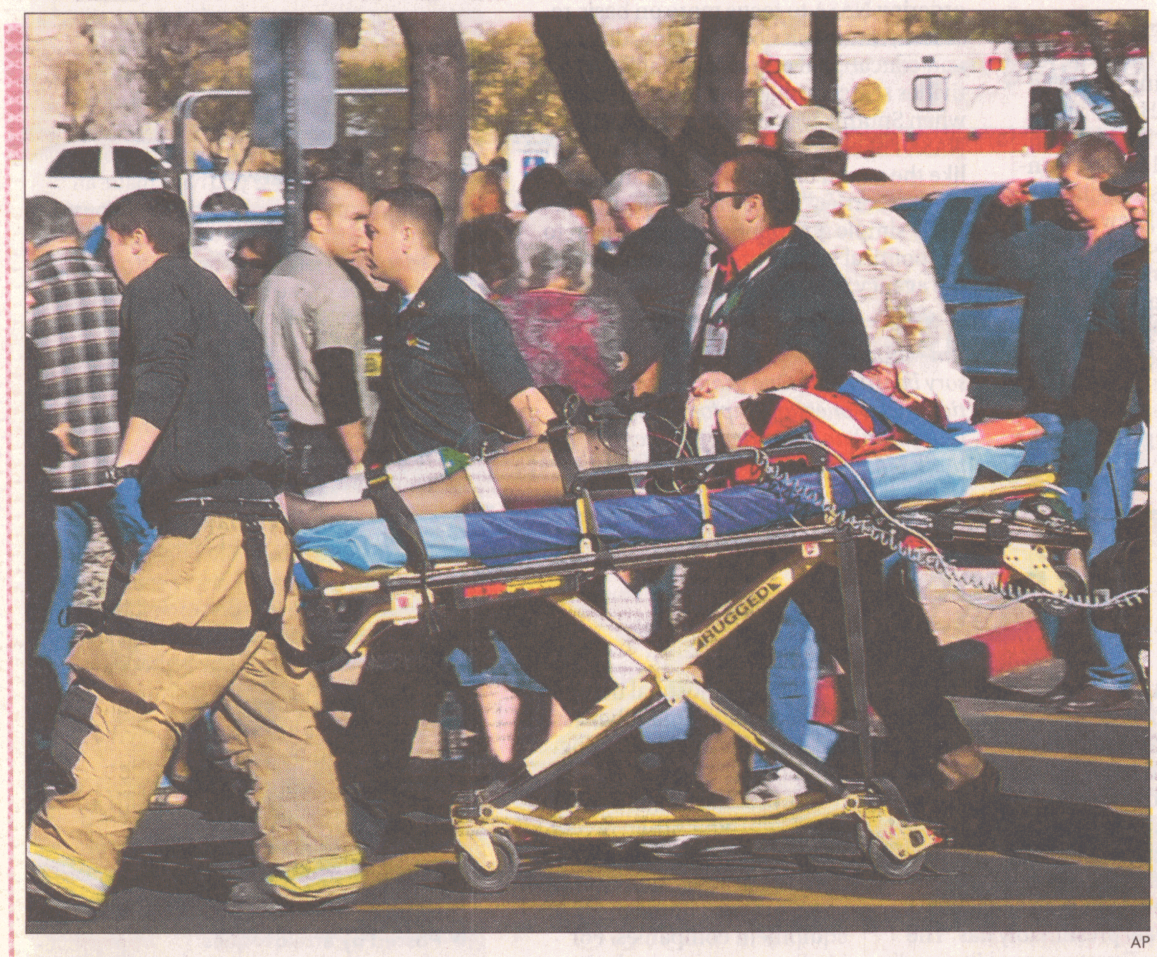
Erskine Bowles and Alan Simpson, the co-chairmen of the bipartisan deficit commission that reported in December, called for a much deeper $100 billion cut in the annual defense budget by 2015. They recognize, however, that slashing procurement by 15 percent and R&D by 10 percent may erode America's technological lead over new rivals (i.e., China).

Michael O'Hanlon of the Brookings Institution in Washington, D.C., reckons that it should be possible to achieve a 10 percent reduction "in real-dollar non-war spending," or about $60 billion of savings, by the time of the 2017 budget. But he also notes that his target relates to what the budget would be based on current policy, not today's budget adjusted for inflation.

O'Hanlon admits there would be risks in his plan. For example, America would not be able to fight two big ground campaigns simultaneously (something, he suggests, that after the experience of the past decade there would be little appetite for). But he points out that America's global alliance system of more than 60 countries, accounting for 80 percent of world military spending, remains formidably strong. Among powerful countries, only Russia and China are unequivocally outside it, while the likes of Iran, North Korea and perhaps Venezuela, Syria and Myanmar together account for no more than 2 percent of global military power.

O'Hanlon concludes that America may indeed be taking larger security risks with its fiscal than its military policies.

CONFRONTING MENTAL ILLNESS



AP

Emergency personnel in Tucson, Ariz., last month tend to a shooting victim of a gunman that many people believe is mentally ill.

Please, do not turn away

We've made progress treating mental illness in Alabama, but there is still a long way to go

By JIMMY WALSH

Following the recent tragedy in Tucson, the arguments of many regarding what caused the fatal shooting rampage have filled television and radio airways and the pages of our newspapers and magazines. The facts await future investigation and proof.

Nevertheless, two things remain certain: Few families escape the reach of mental illness, whether they acknowledge it or not, and talk of solutions for mental health issues is cheap.

Almost no one would avert his eyes from a stranger experiencing a heart attack, or refrain from comforting that person's family. Introduce our favorite word for mental illness, "crazy," however, and everything immediately changes. We then say and do little or nothing, even with close friends, because we feel awkward or helpless, and we believe, incorrectly, that "someone else" will deal with the issue.

Please, do not turn away.

Mental illness is not yet curable, but it is treatable. We have long since given up the concept of committing individuals with mental illness long term to large state facilities that were sometimes little more than warehouses. The cruelty and inhumanity exposed in some of those institutions led to the large-scale release of patients to their communities for care.

Such a release, however, contemplated significant community treatment and housing. Instead, significant widespread failure to provide adequately for mental health needs in the community has led many to live untreated or undertreated lives, leading often to homelessness and, in many instances, to incarceration. This is not to say efforts have not been made by many governments and private individuals. We have made significant progress in Alabama, but we have so very far to go.

Thus, my plea: Please, do not turn away.

While many people, especially men, will rationalize physical symptoms and delay seeing a doctor, increasing discomfort will eventually cause most to seek treatment. In general, a person suffering an acute mental health episode cannot make rational decisions about his or her condition. Often, they reject treatment and assert that everyone else is the problem. At this point, friends and family need to step up, not turn away. Only if someone such as a family member, friend, governmental official or physician gets this individual to treatment or files a petition for commitment for treatment of an acute illness is there a chance of involuntarily treating someone who refuses to be treated because he or she is irrational.

Generally, the process requires proof that the person in need of treatment is in immediate danger of harming himself or others. Harm is generally restricted to physical harm. This preference in the law for individual freedom can allow an untreated individual to continue irrational behavior, perhaps leading to arrest and/or incarceration, an event most people would consider significant harm to an individual suffering from mental illness.

Often, the arresting officer or prosecutor is heard to explain, the individual was acting "crazy." What a shame that before an acutely ill person was arrested, no one spoke up. What a shame the "system" did not cause or allow intervention earlier to provide adequate treatment for someone who most assuredly was not acting.

We can do better: Please, do not turn away.

Significant numbers of individuals suffering from mental illness are arrested for nonviolent acts and incarcerated, many for lengthy periods. Effective community treatment of mental illness can avoid the much higher cost of prison and the resulting adverse impact on jobs, housing and disability benefits, which create additional stress for the individuals and their families.

Many of those suffering from mental illness are brave veterans of our wars. The significant prevalence of post-traumatic stress syndrome and traumatic brain injuries from our current wars will haunt us for at least the next 50 years. Finding our ill veterans and offering assistance can get them the help they need from Veterans Affairs or other sources, and avoid the resulting disgrace for them and for us when they are homeless or incarcerated.

Please, do not turn away.

Untreated mental illness not only dramatically impacts those who suffer from its ravages, it is a destructive trauma for their entire family. Your friends, both diagnosed with mental illness or undiagnosed, and their families need you. They need you to step up and insist on proper care, even including a short-term commitment to a hospital if it is necessary.

You are helping them no matter how opposed to your "interference" they seem in rebuffing your assistance. Be a true friend to the family of the mentally ill. Offer assistance, compassion and your presence.

Please, do not turn away.

Volunteer with treatment facilities or on mental health boards, or take your friends to a National Alliance on Mental Illness meeting, or call and help arrange intervention with NAMI or other groups. (You can find contact information for state and local NAMI affiliates at namialabama.org.)

Insist that your elected representatives understand and act on this issue to the betterment of all our citizens. Given the statistically significant incidence of mental illness, at some point in your life, you may need a friend and advocate to assist you or your family. For your own protection and your family's protection, we must all refrain from looking away. Remember, there but for the grace of God go you.

Please, do not turn away.

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HEALTH CARE: Reform helps states most

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File

Kathleen Sebelius

including those that feature health savings accounts. Utah and Massachusetts already operate exchanges but take very different approaches: Utah allows all insurers to participate; Massachusetts has stricter standards. Under the law, both approaches could work.

States also have the flexibility to decide what benefits plans must offer. They can choose to require basic protections, based on the typical benefits people get through their jobs, or set higher standards.

And states' costs of designing their exchanges will be fully funded by the federal government through 2015, with additional funds available to help determine which residents are eligible.

Some critics have said there has not been enough analysis of how exchanges would affect employer-based insurance. But the nonpartisan Congressional Budget Office has closely studied this and estimated that only 24 million Americans will be insured through these marketplaces in 2019, compared with 162 million covered through the workplace.

The law gives states new flexibility in Medicaid, too. Beginning in 2014, states will be able to offer more affordable Medicaid benefits that resemble typical employer plans. Because costs of long-term care are driving the growth in Medicaid budgets, there are new options and federal support to help states bring down these expenses, such as through cost-effective models in which teams of doctors, nurses and other health professionals work together to help patients manage their chronic conditions.

The law does make Medicaid available to more working families. But the federal government will cover 96 percent of this expansion, and nonpartisan experts suggest that states will save money overall through reductions in the "hidden cost" they pay for uncompensated care provided to the uninsured.

The Affordable Care Act gives states incredible freedom to tailor reforms to their needs. The one thing the law does not permit is going back to the broken health insurance system we had a year ago.

Since the law was passed last March, our department has worked with states to keep premiums down, hold insurers accountable and give Americans more freedom in their health care choices. Americans have gained the protection of a Patient's Bill of Rights that outlaws many of the insurance industry's worst practices. After years of decline, the number of small businesses offering health coverage is ticking up, partly because of tax credits available under the law. And the CBO has said that the law will reduce the deficit by $230 billion over the next 10 years.

I look forward to working with governors to build on these achievements. States are the laboratories of our democracy, and I will continue to welcome their ideas about how to improve the law or implement it more effectively. What we cannot do is allow this progress to be blocked or reversed by overheated rhetoric about a "government takeover of health care" — a claim that has now been so thoroughly debunked that it was named PolitiFact's 2010 "lie of the year."